

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wardens Office
FERN CHIC CORRECTIONAL FACILITY
BX 15699
ADVILLE, OH 45820

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Mary B. Highfield ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Mary B. Highfield, Secretary* C. Date of Delivery *2-3-03*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) **7002 0860 0006 5229 2519**